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The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.  Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.  The following deficiencies were identified.  NAC 449.982 Sanitation and Housekeeping  The administrator shall ensure that the sanitation and housekeeping staff of the center:  1. Maintains a clean and sanitary environment in the center with particular regard for:  (c) An effective program to control pests.  This Regulation is not met as evidenced by: Based on interview and document review the facility failed to ensure there was an agreement or contract with a vendor for pest control at the facility.	NT OF DEFICIENCIES OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  NVS3563ASC  STREET ADDRESS, CITY, 4454 NORTH DECAT LAS VEGAS, NV 891  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  INITIAL COMMENTS  A 00  INITIAL COMMENTS  A 00  INITIAL COMMENTS  A 00  INITIAL COMMENTS  A 00  This Statement of Deficiencies was generated as a result of a State Licensure focused survey conducted in your facility on 02/10/10 and finalized on 02/11/10, in accordance with Nevada Administrative Code, Chapter 449, Surgical Centers for Ambulatory Patients.  A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. 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NOTO DEFICIENCIES OF CORRECTION  (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: NV33563ASC  PROVIDER OR SUPPLIER  (X2) MULTIPLE CONSTRUCTION A BUILDING B. WINNG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PILL REGULATORY OR LSC IDENTIFYING INFORMATION)  (INITIAL COMMENTS  This Statement of Deficiencies was generated as a result of a State Licensure focused survey conducted in your facility on 02/10/10 and finalized on 02/11/10, in accordance with Nevada Administrative Code, Chapter 449, Surgical Centers for Ambulatory Patients.  A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.  Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.  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	Severity: 1	Scope: 1			,		
A100 SS=F	NAC 449.983 Protection from Fires and Other Disasters			A100	NAC 449.983 A fire drill		
	1. The administrator shall ensure that the center, members of the staff and patients are adequately protected from fire or other disasters. He shall prepare a written plan describing all actions to be taken by the members of the staff and patients in the case of any such incident. This plan must be approved by the governing body and the local fire department and must include provisions for:  (g) The conduct of fires drills not less frequently than once each quarter for each shift of employees and requirements for a dated, written report and an evaluation of each drill.  This Regulation is not met as evidenced by: Based on interview and document review the facility failed to ensure quarterly fire drills were conducted each quarter for the year 2009 and failed to have written reports or evaluations for all quarterly fire drills on record at the facility for the year 2009.			created. Sa will execu afire drill g The first of conducted A fire safet in place, Responsible party	fety officer te and reco varterly. Till was 3-2-2010 y policy is		
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	NAC 449.983 Prote Disaster	ction from Fire and (	Other	A102	The Disast	er followed	
	members of the state protected from fire of prepare a written plattaken by the members the case of any such approved by the government and must be cased.	r shall ensure that the ff and patients are act or other disasters. He an describing all actions of the staff and per incident. This plan werning body and the st include provisions	dequately e shall ons to be atients in must be local fire for:		place will A disaster d will be an recorded a To be comp year 2010 but terreceipt of this statement of defice 166U11 RECEIVED	acted and novally, oleted for	

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		(i)A rehearsal and a once each year with other disasters at le report and evaluation on file.  This Regulation is reposed on interview facility failed to conditing the year 2009 and facility failed to get a conditing the year 2009 and facility failed to condit	review of the plan and a separate rehears and once each year on of each rehearsal and document review and document review aluct an annual disast alled to have any writes of disaster drills of	al for A written must be I by: v the er drill for ten		Responsible-De	bbie Ebee	T, RN
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		pathologist or by a pa	athologist used as a	1		as of 3-1-22	)  O'	_
T	leficiencies ATE FORM	are cited, an approved pla	an of correction must be r	eturned withi	, -	Arteceipt of this batement of deficiencie 66011  Resp Debbir	$\frac{b\sqrt{-3+3}}{s}$ If continuation shift $Ebe(27)$	
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Bureau of Health Care Quality and Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING NVS3563ASC 02/11/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4454 NORTH DECATOR BLVD **CENTENNIAL SPINE & PAIN CENTER** LAS VEGAS, NV 89130 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5)PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) A171 Continued From page 3 A171 NAC 449, 992 consultant by the ambulatory surgical center. The pathologist must be licensed to practice in this e current agreeme This Regulation is not met as evidenced by: Based on interview and document review the facility failed to have a contract or agreement for pathology services. Severity: 2 Scope: 2 Upon receipt, if deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

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